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ABSTRACT

This paper presents findings of a study that examined the extent to which children's mental health agencies can meet the information needs they consider to be most important and also comply with recommended standards of the Mental Health Statistics Improvement Projects (MHSIP). Three children's data sets representing three different agency information priorities were selected: an information system for client and program management; the data set for a national children's mental health program evaluation; and a social service agency data set for children involved in foster care and adoption. Questions were posed concerning what changes would need to be made in an existing information system to either meet MHSIP standards or (if it currently meets MHSIP standards) to serve other program management functions. The study found that MHSIP standards were very compatible with mental health agency needs for program and client management data as well as with needs for evaluation data. (DB)

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Authors

Introduction Method Results Discussion References

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Introduction

Mental health decision makers need comprehensive, uniform data in order to conduct analysis and planning on the national and state levels. A major initiative to promote uniform mental health data began in 1989 when the federally funded Mental Health Statistics Improvement Project (MHSIP) defined a set of standard data elements recommended for mental health information systems (NIMH, 1989). Following the publication of the MHSIP standards, the Task Force on Enhancing MHSIP to Meet the Needs of Children and Youth in 1992 recommended additional MHSIP data elements specific to children's mental health.

States are still struggling to fully implement MHSIP standards in their mental health information systems. One of the obstacles seems to be a perceived conflict or competition between agency information systems' priorities and the requirements of the MHSIP standards.

Agency managers' top priority is to have a system that provides data for management of clients and programs. In addition, they periodically need specific data to respond to evaluation inquiries. If evaluation data are not available, then special data collections have to be carried out to meet each data request. If collecting the information to meet either of these goals appears to conflict with implementing the MHSIP standards, agency needs often take priority over the MHSIP standards.

An additional obstacle can arise when mental health agencies wish to share data with external multi-agency children's data bases. This requires the mental health agency to have the appropriate data in a format acceptable to other agencies. The value of sharing data with larger data bases may be perceived to supersede the importance of meeting MHSIP standards.

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If children's mental health administrators perceive the MHSIP standards to be an additional burden that uses resources they would rather be using to meet important data needs, then MHSIP will not be implemented. We all recognize that no information system will be able to meet every need, but the ideal is a system that provides as much of the necessary data as possible so that special data collections are rare.

The purpose of this study was to examine the extent to which children's mental health agencies can meet the information needs they consider the most important and still support the MHSIP standards. Since the focus of the study was on agency information decisions, the data sources and study questions were selected to reflect real life situations.

Method

Three children's data sets were selected for this analysis to represent three different agency information priorities:

- An information system for client and program management to represent the data needs for agency management.
- The data set for a national children's mental health program evaluation to identify typical evaluation data needs.
- A social service agency data set for children involved in foster care and adoption to illustrate the data needs of a different type of child-serving agency.

The analysis used real life scenarios, with the questions framed from the point of view of an agency administrator making decisions about information systems. Each question asked if an agency had an information system designed to meet one purpose, what alterations would be required to expand the system to meet an additional purpose.

- If a children's mental health agency has an information system that meets their management needs, what changes would have to be made for the system to also meet MHSIP standards?
- If an mental health agency has an information system that meets MHSIP standards, what changes would be needed for it to also provide evaluation data?
- If a social service agency is developing a foster care and adoption information system, what changes would a mental health agency have to make for the system also to meet MHSIP standards?

In order to compare the data elements across systems, the client and event data elements in the MHSIP standards and the selected data sets were subdivided into the following domains: (a) Program Information, (b) Client Demographics, (c) Family Structure/Placement, (d) Referral, (e) Health/Mental Health Status, (f) Plan of Care, and (g) Outcomes. Program Information included record

and (g) Outcomes. Program Information included record number, state of residence, and dates of client's enrollment or discharge from the program. Client Demographics contained basic client demographic elements such as name, social security number, sex, race, and insurance. Family Structure/Placement included information on current and historical family structures &endash; including birth parents, foster and adoptive parents, and other caretakers &endash; as well as placement information. Referral included information about referral source, intake, previous involvement of other agencies and presenting problem. Health/Mental Health Status captured assessment tools and other indicators of health and functioning including school placement. Plan of Care addressed services information and multi-agency involvement, and Outcomes included indicators of client status over time and at termination from the program.

Results

This study found that the MHSIP standards were very compatible with mental health agency needs for program and client management data, as well as with needs for evaluation data. In addition, when agencies wish to merge their data into larger children's data bases outside the agency, with the exception of data elements specific to mental health operations, a high degree of compatibility between these data bases and the MHSIP standards can be expected. More specifically, the analysis suggests:

- Agencies with typical management information systems should be able to meet MHSIP standards with minimal effort.
- MHSIP-based agency information systems show substantial agreement with a typical evaluation data set except for some missing data elements in the domains of Family Structure/Placement and Outcomes
- In spite of the differences in their missions and purposes, social service agency data bases contain a substantial number of the same data elements as children's mental health data bases, with only the data elements specific to the mental health activity missing.

Discussion

Children's mental health agencies attempt to be part of several worlds. Within the comprehensive mental health system, they need to cooperate with the data collection and reporting strategies of that system. As part of a total system of care for children, they need to cooperate in data sharing with the other agencies and partners who serve children and families. While trying to accommodate the needs of both of these complex systems, they need to manage the programs and clients for which they are responsible and regularly respond to internal reporting and evaluation needs.

Achieving an information system that specifically meets each of these demands, and yet is flexible enough to accommodate all of them, is challenging. This analysis found that there is a high level of overlap in data elements across systems representing each of the requirements. Therefore, designing a system which will meet several of the needs, or alternatively expanding an existing system to accommodate new purposes, need not be an insurmountable task.

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